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REMARKS ON THE CAUSES, SYMPTOMS AND TREATMENT OF  
DIARRHŒA AS IT APPEARS AT WETUMPKA, ALA.

By James O. Harris, M.D.

THE towns of East and West Wetumpka, connected by a fine and apparently durable bridge, are situated upon both sides of the Coosa river, at the foot of the falls of the same name, and head of steamboat navigation, in latitude  $32^{\circ} 30'$ , and longitude west from Washington  $9^{\circ}$ . These have been by legislative enactment erected into and constitute our city, containing upwards of 2000 inhabitants, several schools, four churches, and the State Prison, together with immense water facilities for the propulsion of all kinds of machinery.

Thus situated, with many internal evidences of her own greatness, in the untiring zeal and enterprise of her citizens, surrounded upon all sides by an intelligent, and upon the west and south a dense and wealthy population, she holds out to the merchant, artizan, and capitalist, for a permanent location in their different avocations, a fair prospect of pecuniary reward.

The site of the western town is a level sandy plain, cut and interspersed with an occasional ravine and lagoon, terminating rather abruptly at the river-bank in a high bluff; not so, however, with the eastern; here a greater portion of the town is so completely hemmed in with a range of high hills extending its whole length and rising several hundred feet above the level of the river, that at many points there was scarcely space enough between their base and the water's edge, for a broad street and the erection of the necessary business buildings.

These hills sloping back with gentle acclivities, and terminating in level tops, afford most desirable sites for the erection of private residences, and from one of which, to the admirer of the works of nature, the prospect is enchanting. To the south and south-west, as far as the eye can reach, nothing is to be seen but one extended landscape, interspersed with forests, fields, and farm houses, whilst at your feet, sweeping in silent and unbroken majesty, roll the gushing waters of the Coosa. The agitation of these waters in their passage over the falls, causes the evolution of a large amount of vapor, which during the day, by the action of the sun's rays, is heated, attenuated, and suspended in the atmosphere; to be precipitated at night-fall in copious showers of dew, giving to the air of our vicinity an unusual, and at times unhealthy degree of dampness.

With these preliminary remarks I will proceed briefly to the enumeration of some of what we consider the most prominent causes, in the production of the disease under consideration; and first the geological situation of our city, it being in a low southern latitude, and surrounded by causes known to be favorable to the generation of malaria; secondly, the dampness of our atmosphere; and thirdly and lastly, diet and exposure. I do not wish, however, to be understood as meaning to convey the idea that I consider the combined operation of all these causes necessary to the production of every case of diarrhœa as it prevails here; far from it; as we have had many proofs, drawn from extensive observations, of the reverse, any one of them in excess being sufficient to excite and continue a very troublesome form of the complaint.

Dr. Drake, in one of his travelling editorials (in *Western Journal of Medicine and Surgery* for July, 1843), speaking of the diseases of our section, remarks that a chronic diarrhœa, which prevailed here much more than in any other part of the State, had been attributed, by some of the medical gentlemen of Wetumpka, to a micaceous impregnation of the water. This opinion, though apparently plausible, will, upon a moment's reflection, be discovered to be entirely untenable, from the fact that a large amount of this mica sparkles in the soil of all the adjoining counties, issues in the water of their springs, and is deposited upon standing from the same in great abundance; and yet those who are in its daily employment are comparatively as exempt from all forms of bowel disease, all other things being equal, as any other portion of the population of the State. True, in the Valley of the Alabama, and its larger tributaries, where the micaceous deposit is found perhaps in greater quantities than anywhere else, the population are more obnoxious to diarrhœa than where it is not so abundant. Still we think that the fact must and can be accounted for upon other principles, else we should have it prevailing at all seasons alike, or at least so long as the remote cause, this admixture of mica with our water, continued to operate. Taking it for granted, then, that the above substance exercises no agency whatever in the production of diarrhœa, as it prevails here, we are irresistibly led to turn our attention to the study of the causes that are known to produce bowel disease in other climates, and see if we are not furnished with a solution of the difficulty.

The position laid down, and so ably maintained, by Dr. Cooke in his lectures, to wit, "that the same remote causes produce both fever and fluxes," does in our humble opinion afford most ample and conclusive reasons, not only why the citizens of the Valley of the Alabama and its larger tributaries, but those of all other low malarious districts, should be more liable to diarrhœa than those of the more high and healthy latitudes. Then if we have a cause operating throughout the spring, summer, and fall months, adequate to the production of diarrhœa in other latitudes, need we be surprised at its prevalence in this section of country, where all the elements necessary to the formation and evolution of malaria are so abundant as they are throughout the whole southern portion of our State.

This remote cause acting upon the system through the medium of the lungs, and occasionally developing the disease, needs only some imprudence and exposure, or improper diet, conjoined with the known and acknowledged dampness of our atmosphere, to develop the worst and most intractable forms of diarrhœa.

*Symptoms.*—Dysentery and diarrhœa, two of the forms of disease to which the alimentary canal is liable, differ from each other more in degree than anything else, chronic dysentery being scarcely distinguishable from diarrhœa, and frequently here in their conversations by the faculty confounded; the distinction, however, is not of much if any practical importance.

In the incipient stages of diarrhœa the tongue is more or less furred; the pulse accelerated; the bowels excitable; the alvine evacuations usually preceded by a murmuring noise, and discharged with more or less griping and pain; the liver ceases to perform its proper functions, its healthy secretions being entirely suspended, no admixture of bile whatever appearing in the stools, which are now entirely protean in size, consistence and color; as the disease advances the stomach usually becomes affected with sickness; the countenance grows pale, or sallow, and the skin generally dry and rigid; ultimately, from the absorbents failing to take up the chyle as in health, great debility and emaciation, with dropsy of the lower extremities, supervene.

At this stage of the complaint, you will frequently be informed by your patient that his tongue is sore, and importuned to do something for his mouth. Upon examination you will discover that his tongue presents a shrivelled and cracked appearance, resembling more a piece of raw beef than anything else; the fauces present a similar appearance, with the exception of now and then a little ulcer; great thirst, with a general soreness extending down the œsophagus, and throughout the whole chest, and severe lancinating pains in the different portions of the alimentary canal are also present.

These symptoms, if not arrested speedily, terminate in death, in consequence of disorganization of the mucous membrane of the intestines, from chronic ulcerative inflammation, constituting one of the most intractable forms of the disease; and in fact the only strictly unmanageable one that has prevailed in this vicinity.

*Treatment.*—In the consideration of this, the third and last proposition contained in the heading of this article, I shall not attempt a rehearsal of the various plans of treatment and remedies that have been recommended and tried, by different members of the profession, but confine myself to such only as are of acknowledged utility, and in this shall be as brief and concise as the nature and importance of the subject will admit. The successful treatment of any form of disease depends, to a greater or less extent, upon a correct understanding of the causes that have conspired in its production, and in none more so than in diarrhœa; and as the liver and skin, in our opinion, are always greatly if not wholly at fault in the one under consideration, to these our remedies should be addressed, and they should be of a nature that are known under ordinary

circumstances but seldom to fail in the restoration of healthy action to these organs, and for this purpose we know of nothing better than some one of the mercurial preparations in combination with ipecac. and opium. Then if the patient be but recently attacked, tolerably plethoric, with furred tongue and febrile excitement, I would commence the cure with purgative doses of calomel, or calomel and Dover's powder at intervals, to be carried off at the proper time, if necessary, with castor oil or rhubarb. When the liver is sufficiently excited, the impression may be kept up by the exhibition, every two or three hours, of one of the following pills:—  
*R.* Calomel, grs. xx.; opium opt., grs. v.; ipecac. pulv., grs. xx.; camph. gum, grs. xx. Divide into 20 pills.

The effect of this combination is almost universally to arrest the inordinate peristaltic action of the intestines, relieve the griping, and soften the skin; should they succeed in keeping up the impression produced upon the liver, which they most generally will, it should be continued by the daily administration of four or five of them until relief is afforded, or a slight soreness of the glands of the mouth and throat is felt. During the administration of this remedy, the diet should be of as mild, nutritious and unstimulating a character as possible, such as water gruel, chicken water, &c. Flannel should be worn next to the skin, and as far as practicable all exposure to a cool or damp atmosphere should be avoided.

The plan, now becoming pretty generally fashionable throughout the south, of having a fire kindled in the parlor or bed-chamber about sun down, will be found an admirable regulator for those laboring under diarrhœa. The taking also of a hot and strong decoction of ginger tea, upon retiring to bed, will be found serviceable in warding off those small local determinations that frequently create, during the early part of the night, a desire to evacuate the bowels.

During the summer and fall of 1838, whilst stationed with the 3rd regiment of artillery, United States Army, at camp near Missionary Hill, Cherokee nation, east, I had an opportunity of witnessing, under the direction of the distinguished and lamented Dr. Samuel Forry, the good effects of the above plan of treatment. The doctor had spent several of the preceding years with the army in Florida, and had, from his great scientific attainments and practical skill, been placed in situations where he could enjoy the greatest field for observation. He informed me that the foregoing plan had been pursued by himself whilst at Tampa Bay, Black Creek and Fort Jupiter, with great and unparalleled success, and that many of the soldiery had thereby been rescued from untimely graves, and returned to their families and homes in the enjoyment of comparatively good health.

In my hands both the mineral and vegetable astringents, such as the sacch. saturni, kino, catechu, alum and tannin, have all failed of their vaunted good qualities; neither have I seen the good effects result from the single or combined exhibition of the muriatic or nitric acids, as I had been taught to anticipate. In cases of great debility I have seen some little benefit derived from their tonic properties, internally administered, but nothing further, and they are not near so powerful in this point of



view as the ferruginous preparations, and of these the carbonate of iron, or the muriated tincture, are the best, and with which the system should be gradually charged, as we decline our mercurial preparations.

Mineral waters.—Of these, those containing the largest proportion of iron, with a small trace of sulphur, are best adapted to produce the ends desired; and I would most earnestly advise all those laboring under chronic diarrhoea, to an early pilgrimage to one of those fashionable and healthy fountains of resort. The mere travelling through the mountainous regions of Tennessee and Kentucky, where these waters abound, super-added to the change of climate, and from the soft free-stone, to the hard lime-stone waters of those regions, has been known to effect most remarkable cures.

In conclusion, I shall feel highly gratified, and as if I had not lived in vain, should the preceding imperfect remarks answer no other valuable purpose than to cause some one, more able to do the subject justice, to furnish the profession with a more extended paper.—*Western Journal of Medicine and Surgery.*

#### CASE OF PARTIAL ANÆSTHESIA, WITH REMARKS.

By Wm. M. McPheeters, M.D., St. Louis, Mo.

CHARLES McL., æt. 38. Born in Ireland. Follows the occupation of carriage driver; of stout robust frame and temperate habits. Has always enjoyed good health until about three months ago, when he arrived in New Orleans from New York. Here he was exposed night and day for some time to cold, dampness and sudden vicissitudes of temperature, during which time he underwent great bodily fatigue and was "troubled in his mind." He now began to experience a crawling sensation, accompanied by pain in both his legs, from the knees down. This feeling increased until there was an entire loss of sensation. When he put his feet to the ground the same feeling was experienced as though they had been "asleep."

July 16th, 1845.—Saw him for the first time. Has a tremor of all the muscles of voluntary motion, somewhat resembling paralysis agitans, of a mild form; walks unsteadily and with difficulty; has lost all sensation in both legs below the knees; feels no pain when pricked by a pin or sharp instrument; this I tested by running a pin almost up to the head in both legs. Motions of the limbs unimpaired, except so far as they are affected by the loss of sensation—that is, he moves his feet as though they were so much dead matter attached to his body. Above the knees sensation is perfect. Complains of numbness and loss of sensibility at the ends of all his fingers, save one—the ring finger of the left hand; this numbness extends no farther than the first phalanges. A similar feeling is also experienced at the top of the head, just on the crown. Bowels open regularly, pulse small and feeble, countenance good, intelligence unimpaired. Has no tendency of the spine whatever, although severe pressure was made along its course. Manifests the

greatest desire to recover his "feeling." Says that he had rather die than remain in his present condition. Ordered dry cups to the spine, to be repeated every other day; stimulating frictions to the legs and ends of the fingers, and a pill, consisting of one grain of sulphate of iron, and three grains of ingredients of pill rhei comp. three times a day; entire abstinence from tobacco and coffee, and a mild but nutritious diet.

22d.—General condition much improved; tremors less; walks with more steadiness. Treatment continued, with occasionally a tepid bath.

31st.—Sensation is beginning to return; walks without his cane; legs sensitive to the prick of a pin, and can distinguish the smallest object between his fingers. This he was unable to do before. Feels greatly encouraged, and is in fine spirits.

Aug. 11.—Has continued to improve since last note. At present is so entirely restored as to require no farther treatment.

*Remarks.*—This case presents some points of interest. At first, regarding it as a case in which there was a deficient generation of nervous force, produced by a want of hematasine, and a general impoverished condition of the blood, the result of over exercise of mind and body, superadded to cold, I put the patient on tonics, with stimulating applications and counter-irritation. But the rapidity with which the symptoms yielded to treatment proves that this could not have been the pathological lesion, otherwise a longer time would have been required to effect a cure. It is probable, therefore, that it was only an atonic condition of the nerves of sensation, or an irregular distribution of nervous force, brought on by exposure and over exertion. Had the patient been bled, and put on a general antiphlogistic course, the blood would have been rendered thin and watery, and convalescence consequently retarded. This, I am satisfied, is the result in many cases of this kind where depletion is resorted to. It is true, local congestion or inflammation may co-exist with general anemia, thus rendering it necessary to abstract blood by cups, at the same time that tonics are administered. The effects of the depletion, under these circumstances, should, however, be watched with great care.—*St. Louis Medical Journal.*

#### SYMPTOMS IN YELLOW FEVER.

By John Harrison, M.D., Professor of Physiology and Pathology in the Medical College of Louisiana.

Omitting individual peculiarities, let us sum up those symptoms by which the disease is recognized. We will suppose a person who has been protected, in the best way possible, from those obvious causes of disease which may affect the health at any season. He is well lodged and clothed; he is temperate in his diet, and is careful not to expose himself to the sun, to wet weather, or to the night air; he is abstemious with regard to alcoholic liquors. These precautions, however, avail him little. In the midst of excellent health he is stricken down. He experiences a rigor, which sometimes ends in a violent ague; in a few hours a burning fever comes on, with distressing pains in the head,

back and limbs. The tongue, however, is as yet moist, and the urinary secretion copious; but the eyes are generally dull and heavy, and intolerant of light.

In the course of 24 or 36 hours, the usual consequences of violent fevers ensue; the secretions are diminished in quantity, and altered; the tongue becomes red around the edges, pointed and furred, with a white or yellowish down in the middle; sometimes, though rarely, it is dry. Sordes appear upon the teeth. The urine is highly colored, and in many cases highly corrosive. The skin is usually moist, with sudamina scattered here and there—principally over the breast. It is, however, sometimes dry and very hot. The pulse continues strong and quick, beating at the rate of 108 to 120, or over, per minute.

Towards the close of the third day, or beginning of the fourth, the fever intermits. The prostration of muscular power, which has been increasing from the first moment, is now complete—the patient being scarcely able to turn in his bed. The pulse falls in frequency even below the natural standard, though in general retaining its usual fullness. The stomach now becomes more or less irritable, being unable, in most cases, to bear even a spoonful of cold water. The skin and eyes assume a yellow tinge, and both are highly injected. This injection, however, does not appear to be attended with high action, for the skin is now rather cold to the touch, and the secretions from it seem altogether to have ceased. If we press with a finger upon the surface of the body, we observe, upon removing it, a white spot, which slowly and gradually resumes its former color. This is strikingly in contrast to the quick flash wherewith the blood returns into the tissues on the first or second day. This injection in truth is of a passive character, and is undoubtedly one of the consequences of the foregoing violent actions to which the whole system has been subjected, and by which the organization of the tissues has suffered. In short, the parts are changed in structure—have lost in consequence their natural elasticity—make little resistance to the blood coming from the heart, and are injected as we might inject a sponge with a syringe.

From the condition last described, the patient gradually returns to health or dies. If death is to be the result, we shall see the irritability of the stomach growing almost hourly greater—even a teaspoonful of cold water being thrown up the moment after being swallowed. An indescribable *malaise* afflicts the sufferer, although he appears at the same time to be without any fixed or local pain. A continual sighing, involuntary groans, extraordinary restlessness, great diminution or a total stoppage of all the secretions, announce the approach of the fatal symptom—black vomit. On the fourth, fifth or sixth day, this is thrown up, and death soon closes the scene.

The matter first thrown up consists almost entirely of the drinks taken. A few flocculi of mucus may be discerned floating here and there in the liquid. Towards the approach of black vomit these flocculi increase in quantity, and are of a deep-gray color. Mixed with them we may often find, upon a close examination, a few striae of a darker color—in other words, of black vomit.

This last-mentioned fluid is not thrown up in the manner that emesis usually occurs. The muscular motions, and the sounds accompanying the ejection, are peculiar. There is no violent retching; a sound is heard, caused apparently by a hiccough mingled with a cough, and the black matter is ejected. In many cases this is done so violently as to send it many yards. I have seen it, in the Hospital, thrown entirely over the bed of the next patient and fall on that adjoining.

The conditions of the patients when throwing up black vomit, vary most remarkably. Some are quiet—answer questions—and appear rational, but indifferent to their fate; so much so, that they will frequently respond to questions concerning their condition, by saying “they have the black vomit.” Some will even get out of bed and walk about—declare they are perfectly well, and wish to dress themselves. I have seen this occur, and death take place in half an hour afterwards. Others are delirious, and force is required to keep them in bed; others lie in a semi-comatose state, and keep up a constant and most distressing moaning.

Such is the usual course of the disease; but there are a vast number of individual differences which we ought to expect, since it would be difficult to find any two persons in precisely the same condition at the moment of attack; and, therefore, it is but in the application of the well-known law “that the same cause acting on different subjects must produce different effects,” that we should be led to expect individual differences in all epidemic diseases.—*New Orleans Med. and Surg. Journal.*

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[As the following case is reported by a well-known physician and professor in a respectable medical school, and is moreover stated in a few words, we give it a place in our pages. It is copied from the Southern Medical and Surgical Journal, edited by Drs. Eve and Garvin, who are professors in the same school with Dr. Dugas. It may be well to state that the editors referred to, as well as the editors of all the other Medical Journals, it is believed, in this country and Europe, are opposed to the claims of the mis-called science of Mesmerism.—The first operation on this patient was reported in March last, in the same Journal.]

#### EXTIRPATION OF A SCIRRHOUS TUMOR, THE PATIENT BEING IN THE MESMERIC STATE.

By L. A. Dugas, M.D., Professor of Physiology, &c., in the Medical College of Georgia.

Mrs. Clarke, the lady whose mamma I removed in January last, enjoyed for several months afterwards an unusual degree of health. In the month of May, however, she began to suffer almost daily with slow fever, and perceived a small induration in the adipose tissue surrounding the region formerly occupied by the breast. This soon assumed the form of a distinct tumor, which was increasing in size with some rapidity, and was becoming painful, when, in the early part of June, I advised Mrs. C. to have it extirpated. To this proposal she readily consented, remarking, very philosophically, that she would rather have such a tumor removed

every six months, than permit it to remain and grow on her. There was no evidence of disease in the axilla.

I now requested Mr. Kenrick to ascertain whether he could still mesmerize her, and, if she were susceptible, to repeat the operation a few days, so that we might test her sensibility in that state. Mrs. C. was readily put into the mesmeric state, and found to be entirely insensible during its continuance. Deeming it unnecessary to repeat the tests, I determined to operate on the 13th of June, several days sooner than was expected by either herself or her friends. The operation was performed in presence of Professors L. D. Ford and Jos. A. Eve, Drs. L. Kennon and J. F. Hammond, the Rev. Mr. Alfred Ford and Mr. F. J. Martin. The patient was mesmerized at 9 o'clock, A. M., and the extirpation effected at about 10 o'clock, by making a semilunar incision along a portion of the circumference of the tumor, turning over a flap, and dissecting away the indurated mass and surrounding tissues, making up the volume of a hen's egg.

During the operation, Mr. Kenrick, being blind-folded to avoid the unpleasant spectacle, sat by the patient, with her hands in his. Mr. Kenrick avers, that Mrs. C. evinced no uneasiness by grasping his hands, that her fingers did not twitch, and in short, that her hands remained perfectly passive. Prof. Ford, whom I requested to note the pulse and respiratory act particularly, informs me that there was no appreciable change in their character and frequency before, during and after the operation. The countenance of the patient and the hue of her cheeks presented no change whatever, nor was there the least indication of sensibility detected during or subsequently to the operation, by those who were present and anxiously watching the result. There was neither twitching of the pectoral muscle when touched with the sponge, nor tremor of the lower jaw. Indeed the patient slept on as quietly as an undisturbed infant, through the entire operation.

The wound was left open about half an hour, a small vessel ligated and the ordinary dressing applied. The patient was permitted to sleep on, and awoke spontaneously at a quarter past 1 o'clock, P. M., in the presence of Dr. Ford, the Rev. Mr. Ford, Mr. Kenrick and myself. Dr. Kennon arrived a moment afterwards. She appeared entirely unconscious of what had been done, and was much surprised as well as gratified on being informed that the operation was over. She stated that she had not suspected our design, and had no recollection of having experienced the least uneasiness during her nap.

I will add on this occasion, as I did on reporting the former case, that the above statement has been submitted to all the professional gentlemen present, and that they fully concur in its accuracy. This is perhaps the only instance on record in which a serious and painful operation has been twice performed on the same individual in the mesmeric state, a circumstance that may lend it additional interest with those who are disposed to collect facts on an interesting subject.

## MEDICAL MATTERS, &amp;c. IN GENEVA.

[FROM Prof. F. H. Hamilton's "Notes of an European Tour," published in the Buffalo Medical Journal, we extract some observations on Geneva in Switzerland.]

At Geneva I have spent nearly a week, which has afforded me time to visit all places of special interest. My first business was to call upon Dr. H. C. Lombard, physician to the Civil and Military Hospital of Geneva, whom I found exceedingly attentive, and to whom I am indebted for much valuable information. Dr. L. is not, I think, over 35 years of age, yet he has already greatly distinguished himself as a writer and practitioner. His medical education was acquired mostly in Paris, but he spent sufficient time in England to render him familiar with English practice, and to obtain such a knowledge of the language as to enable him to speak and write it handsomely. Although he had made his morning rounds, he kindly offered to accompany me to the hospital, a fine stone building forming a spacious court and situated in the upper part of the city. The first thing which arrested my special attention was the prevalence of goitre, with which not only the patients but the nurses almost without exception were more or less affected. To the inquiry whether it was not more common with women than men, Dr. L. replied that he did not think it was with unmarried women, but that in those districts where goitre most prevailed, its development was almost certain after child-birth, and that even at Geneva, English and other foreign ladies were exceedingly apt to become affected with goitre immediately succeeding parturition. At Geneva and in its immediate vicinity, the proportion affected with this disease is not so large, but Dr. L. assured me that in the "Valais Canton" about two thirds of the population were goitrous, the absence of the usual appendage being regarded as a deformity! In reference to its cause, a point so much in dispute, Dr. L. remarked that at Geneva, it was probably not true, as has been stated, that those who drank the lake water were less liable to the affection than those who drank water only from certain springs in the city, and that in other parts of Switzerland I would find it prevailed mostly in deep valleys, and especially along those which extended north and south, and from which the direct rays of the sun were therefore mostly excluded. I also remarked to him what seemed to me to have some bearing upon the question, that the great mass of his hospital patients were scrofulous; almost every one, under whatever other malady they might be suffering, if the malady was chronic, had superadded also either enlargements of the glands of the neck, or chronic ophthalmia, or tumefaction of face or lips, or spinal distortion, or coxalgia, or enlargements of the knee, ankle, or of smaller joints. One, a girl about 17, I remember well, as presenting a most hideous picture, the very "tout ensemble" of scrofulous disfigurements; for in addition to many of the local affections already enumerated, her right eye was half protruded from its socket by an enormous irregular tumor, situated upon the antrum, discharging matter at several points, and the whole space between her chin and sternum was occupied by a large, nobby, ugly-looking goitre.



The conclusion to which I have arrived, then, as to its cause, is that it depends upon the same causes, only slightly modified, which usually develop scrofula, an opinion which I shall hold, with the right of change, until I have myself visited the goitrous districts, as I propose soon to do.

"First of all," says Dr. L., "the patient, if we would cure him, must be removed from the valley to the mountain, and then," adds Dr. L., "I consider iodine as much a specific as quinine is for intermittent fever, and quite as certain, provided the remedies are applied early." He exhibits iodine both internally and externally, having become of late somewhat cautious to avoid iodization, an event which is indicated by a general and rapid marasmus, hectic, and often speedy death. In the only instance in which Dr. L. had seen the thyroid gland removed, the patient died of *tétanus*; Dr. Bizot, the surgeon, however, remarked that he had removed safely encysted goitre, but would never attempt the removal of a simple thyroid hypertrophy. He also stated that he had found the "*huile de foie de morue*"—cod liver oil—a most excellent substitute for iodine in certain cases, and that he had also extended its use beneficially to cases of simple scrofula; the muriate of gold, also, he relied much upon in scrofula. The observations of these men I regard of unusual value, from the acknowledged accuracy and honesty of the gentlemen and their unequalled familiarity with the diseases in question. In the surgical wards of Dr. Bizot I saw nothing strikingly peculiar; the straight splint, in its simplest form, is here generally employed, and, indeed, as the Swiss surgeons are generally educated at Paris, their surgery differs but little from that of the Parisian hospitals.

The second day I spent in a stroll through the city, composed of a mixed population, speaking French, German and Italian; the French language and customs are, however, greatly predominant. The city is divided into the upper and lower town, in the former of which reside the ancient Genevese aristocracy, in the latter the poorer class of citizens, merchants, artisans, &c. That part of the lower town, however, which borders immediately upon the lake and is situated upon the banks of the Rhone, boasts of many large and elegant buildings. Most of the streets are narrow and crooked, and between the old and new town so steep as to render their ascent often exceedingly difficult.

You have heard it remarked, doubtless, that travellers had found a resemblance between Geneva in New York and Geneva in Switzerland, and I ought to tell you wherein the resemblance lies. If the outlet of Seneca Lake was a mighty "rushing" stream, whose waters were shaded with the richest tints of blue and green, instead of a small, sluggish and yellow creek; if Geneva, *chez nous*, stood quite upon its outlet, instead of a mile above and upon the terraced banks of the Lake alone; if the streets were narrow, crooked, dark, damp and paved with solid blocks of stone, instead of straight and open everywhere to the broadest light of day, except where the maple and acacia lend their delightful shade; if its private dwellings were lofty brick edifices, ranging upon the streets, entered by heavy gateways, and the lower windows secured with bars of iron, instead of small, neat, white cottages, with modern doors and green



window blinds, each house retiring from the road to make room for a beautiful *parterre de gazon* in front; if its churches were huge masses of ancient masonry, and its inns Astor houses, with princely accommodations, stead of light and graceful specimens of American architecture, and tidy country houses, with reasonable Yankee comforts; if the village of 5000 inhabitants were a compact walled city of 30,000; and more, if instead of being surrounded by an extensive and gently undulating plain, it lay deeply embosomed between mountains "whose vast walls have pinnacled in clouds their snowy scalps," then would one of the most lovely villages of our new Republic,

"Which stands amid the seven fair lakes that lie,  
Like mirrors 'neath the summer sky,"

resemble the capital of the free and ancient Allobrogi. Each is beautiful but unique, and to say they are alike, is to rob them both. \* \* \*

Geneva, I may say, in passing, has been distinguished as the birth-place of many eminent medical men, with whose names the medical scholar must be familiar—of Mayerne in the year 1573, who was successively physician to Henry IV. of France, to James 1st, and Charles 1st and 2d of England—of Bonet the pathologist in 1620—of Le Clerc, author of "*Histoire de la Medecine*," &c., and of Manget, chief physician to Frederick 3d, king of Prussia, in 1652. Geneva, also, was the birth-place of Jean Jacques Rousseau, Neckar, Saussure, and Sismondi. Am I not already treading upon classic ground?

Yesterday the air was so cheering that I determined to walk to the residence of Merle d'Aubigne, author of the recent great work upon the Reformation. He lives at "Eaux Vivant," about two miles from Geneva, and after a delightful walk I found his villa, called "La Campagne de Merle d'Aubigne," surrounded by a small park extending in the rear to the shore of the lake. M. d'Aubigne received me with an agreeable ease and courtesy, and I spent an hour with him very pleasantly. He is, I should think, about 45, tall, and well formed, with dark complexion, black hair and eyes, and a rather meditative, but exceedingly pleasant expression of face. He speaks English well, and we talked chiefly of Zwingle and Calvin, and Papacy, which he declared was on the increase in Switzerland—by emigration, however, rather than by conversion. He seemed gratified that his writings had been re-published in America, for he had always felt a deep sympathy with all Americans, with several of whom he had become acquainted, and he inquired after them with apparent interest. When I left, he grasped my hand with affectionate warmth and commended me to the care of the Great Protector.

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#### EXTREME MERCURIAL SALIVATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the subject of mortification of the mouth appears to be attracting the attention of several writers in your late Nos., and a doubt expressed as to the cause of it, whether attributable to mercury or not, I

will offer a few remarks. I do this the more readily when considering the fatality of the disease ordinarily.

Here it is not only a popular opinion, but one sanctioned by the medical public, that mortification of the mouth following fever after the use of mercury, is as much the extreme grade of salivation as is the simplest pytalism produced by that agent. It is termed dry salivation. It has the mercurial odor, and it yields to the same remedies, medicated, however, proportionally to the increase of violence. In your No. 25, Vol. IV., Aug. 2, 1831, you did me the honor of republishing two cases reported by me in the *Transylvania Journal of Medicine*. They were children, of 8 and 11 years. They had been very stubborn fever cases previous to the appearance of the gangrene of the mouth. I cut away portions of it and freely insinuated a strong lotion of muriatic acid and water, diluting it as the disease appeared yielding. The accompanying fever was kept down by active doses of the comp. pow. jal. In a few days they were relieved, notwithstanding in one of them half the inside of the upper jaw and cheek adjoining was thus diseased, with all the accompanying symptoms of hideously swollen face, &c. &c. Since that time I have had cases of all ages, from infancy to the octogenarian, and of all grades, from the mildest increase of saliva to mortification, and find the remedy equally adapted to all. I will give some particulars of a case in point.

November 16th, 1831, I was called to Mr. P. B., one of the companions of Daniel Boon, a very old man. He had had an attack of congestive fever, and was treated successfully by Dr. S. A few days after its disappearance, mortification of the mouth ensued. The common remedies were used in vain, and the disease extended rapidly. I found the entire inside of his mouth covered with a soft brownish mortification, with an intolerable stench; he was prostrated, and in a comatose state. I removed portions of the disease, and then applied a lotion of equal portions of muriatic acid and water to the parts freely. This was persevered in several times a-day, for several days. His bowels were kept open. His disease was removed in three days.

The only fatal case I have to relate, was a child two years of age. It was in the autumn of 1833. Her disease had been an obstinate diarrhœa, and it was not arrested when the gangrene supervened. She had just changed climates, too, and a cholera atmosphere had been and might still be said to be prevailing. She was a thousand miles north of home.

In all the other cases, the disease for which the mercurial preparation—the proto-chl. hydrarg.—had been given, had yielded *before* the mortification appeared; an important consideration, probably, in the prognosis. The disease is less often met with now than formerly; indeed, some years it is more frequently met with than others. Several years after the cases alluded to were reported, I observed, in the medical journals of the day, muriatic acid mentioned as the favorite remedy of M. Velpeau in the treatment of mercurial salivation.

*Port Gibson, Mi., Aug. 26, 1845.*

Respectfully,

A. H. PECK.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 24, 1846.
 

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**PUBLISHER'S NOTICE.**—Subscribers who are in arrears for the Journal, as well as those who have not paid for the current year ending in February next, will find their bills enclosed in this number. These bills are more numerous than usual, making in amount an aggregate of more than \$3000 due from present subscribers up to the time above mentioned. The habit of non-payment during the year has increased among subscribers to the Journal, so that the amount received each year, in payment for that year's subscription, is less than the annual expenses of the work. Those, therefore, in particular, who are indebted for one or more years, are urgently requested to remit the amounts respectively due. This can best be done, especially in the New England States, by mail, when no private opportunity offers. The new mode of paying to the postmaster, requiring the allowance of a per centage at two post offices, is more expensive, at least within the above limits, and possesses no other advantage than that of greater safety. Subscribers, therefore, who can command bank notes subject to no great discount in Boston, will save expense by sending them by mail direct to the publisher. In some of the Southern and Western States it may be found expedient to settle with postmasters, who are to forward a receipt to the Boston postmaster, and also a notice (franked) to the publisher.

*Cheating Physicians out of their Dues.*—Every physician is familiar with the fact, that the community abounds with people who are liberal in their patronage, if being visited often comes under that term, but who never pay bills for these visits, nor do they ever expect or intend to do so. In cities, there are multitudes of medicine-taking persons, besides those who are forever asking medical advice, who have not the remotest intention of making any return for it. Nothing so much contributes towards the unpopularity of a physician, among this kind of customers, as his sending a bill. Away they fly to some other practitioner, who is usually regaled with a series of grievances they have suffered through the ignorance, want of skill, or the neglect, of the man whom they are now forsaking. A frequent repetition of calls is now made upon their new adviser, to be discontinued whenever the second unfortunate forwards his account for collection. Something of this species of deception is known in the country, but it bears no comparison to that practised in the city.

It is a poor sign when families are frequently changing physicians, or calling in all the new great doctors whose virtues are trumpeted abroad by the vulgar tale-bearers of the neighborhood. A physician had better excuse himself from engaging at all with such unstable, double-minded, non-paying patients, since they are sure to be enemies in the end, and exert themselves, as far as possible, to injure those who have been at their beck and call.

A gentleman at our elbow, who has had ample opportunities for testing the value of this kind of practice, thinks that it should be one of the articles of local medical police, that the names of annoying non-paying customers should be communicated to the members of the association, if an organization of the kind exists, to prevent a useless waste of time and energy over worthless, unprincipled, and perhaps evil-disposed patients. The whole tribe might then readily find their level on the Dispensary

list, as almshouse beneficiaries. Many young physicians are carried away, in the commencement of business, with the comforting notion that they are actually earning thousands a year, because they are charging so freely. Alas! the first visit of a collector disperses a whole crowd of flattering patrons, who forsake the young doctor in a twinkling, and he finally makes the mortifying discovery that, out of a splendid run of visits, allowing neither rest nor diversion, he cannot get enough to purchase a new coat.

Can no way be devised by medical practitioners for apprising each other of the peculiar losing game, from which they have suffered, and to which we are all liable? Would it be libellous to notify a medical friend of the imposition about to be practised upon him by a person who never had paid him for any former medical services? Empirics in Boston certainly conduct their affairs much more wisely than the educated faculty. With them it is cash down, or no prescription. They know quite well that trusting brings no return—and by pursuing the system of some of the tailors, *no credit*, pocket an annual income that far surpasses that of many eminently qualified practitioners.

Why is not some effort made to establish the English custom of paying a fee at every visit? This would be much superior to any custom known to us, and would be the only true way of ascertaining whether a physician is bettering his circumstances, by the practice of his profession. Owing to the uncertainty of collections and the precariousness of a professional income, particularly in cities, many medical men are, in a quiet way, perhaps, connected with some literary or mercantile pursuits, manufacturing establishments, railroads, public stocks or real estate operations, to which they actually look for the means of maintenance, that legitimately should be derived from practice, but which the present state of society prevents them from thus obtaining.

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*Health in the Massachusetts State Prison.*—For nine months past there has not been a death in this Prison. The average number of prisoners is 290, and the comers and goers in that period have been about 100. The internal police, therefore, of the institution is favorable to health.

A set of meddlers, under the false name of philanthropists, are continually exerting themselves to better the condition of prisoners at the North. One of their favorite projects is to have solitary cells—those idiot-making machines in which the mind is reduced to a state of unaccountability. Of all the barbarous devices of modern times, the solitary confinement system is the most odious, and stands parallel with the prison cruelties of by-gone ages. If it is an object of the State to drive erring humanity into the grave, to save the expense of maintenance, why let the prisoners be strangled and end their sufferings at once. A protracted death, by solitary confinement, has been proven, over and over again, to be inhuman, since it destroys the intellect, and reduces the wretched inmate to a mere vegetable existence.

The great end of the penal code is to restore transgressors to society, through the discipline of a prison; but these new fledged sympathizers, who are troublesome people in their best estate, positively lose sight of the humanity of legislation, and in their boasted triumphs in the cause of ameliorating the prisoner's fate, by consigning him to a solitary cell, drive him first to lunacy, and then to the grave. Instead of this system, we would say, give to prisoners in penitentiaries an opportunity to see each

other, even if they are not permitted to speak ; give them, too, a sight of the blue sky above, and allow them to breathe the free air, and to refresh their guarded bodies with the heavenly influences of the sun in an open yard occasionally. It leads to reflection, and to gratitude to God in many instances, for mercies which were never before properly estimated. It conduces to health, too, to muscular vigor, and encourages the poor out-cast with a hope of life and future liberty.

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*Practical Treatise on the Diseases of Children.*—A third edition of this work is an unequivocal sign that it is in brisk demand. The author, James Stewart, M.D., of New York, succeeded admirably when he produced this excellent treatise, which has been everywhere received as authority. On the appearance of the first edition, some years ago, we gave our views so elaborately that it hardly seems necessary now to say more than that we have unabated confidence in Dr. Stewart's counsel and practical good judgment. Messrs. Jordan & Wiley have copies on sale in Washington street, near the head of Water street, Boston.

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*Neill on the Arteries.*—This book should be in the hand of every medical student. It is cheap, portable, and precisely the thing needed in studying an important, though difficult part of anatomy. All the descriptions are concise, and therefore easily remembered. The publishers are Messrs. Barrington & Haswell, Philadelphia, a firm well known this way for the good character of their publications. We are really in earnest in wishing to have Dr. Neill's charts of the arteries, all colored to the life, extensively used in the medical schools now in session. The publishers should send bundles of them to an agent near each institution. John Neill, M.D., Professor in the University of Pennsylvania, is the author. Messrs. Jordan & Wiley have it in Boston.

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*New York Medical Intelligencer.*—D. S. Meikleham, M.D., has commenced the editorial management of a Medical Journal bearing the above name, which is to appear every other Wednesday, at \$2,00 per annum. It is like Braithwaite's Retrospect, or Rankin's Half-yearly Re-publication, entirely made up of foreign matter. With the multiplication of these medical *Recueils*, the sale of the periodicals from which the extracts are taken will have less encouragement than in past times. All new comers into the field of medical literature have our good wishes for their success, and the *Intelligencer* will therefore accept our salutations.

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*Bangkok Recorder.*—Nine consecutive Nos. of the first newspaper ever printed in Siam, were received here last week. The Recorder is printed in the Siamese character, under the immediate eye, and cost, of course, of the resident American Missionaries. Besides containing, we presume, a mass of local intelligence, we notice a generous intersprinkling of medical topics. There are two drawings of the heart and a colored plan of the circulation of the blood in one paper. Articles appear on the treatment of "incised wounds, aged people in Russia, smallpox at Calcutta, treatment of ulcers, chemistry, oxygen, intermittent fevers, resuscitation

from a stroke of lightning, origin of quinine, vaccination successful in Siam." All this must be strange to the heathen, but Christianity always favors the dissemination of useful knowledge. Dr. Bradley, of Bangkok, is distinguished for medical skill, perseverance and benevolence.

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*Views of Homœopathy.*—Daniel Holt, M.D., of New Haven, Conn., has recently issued a pamphlet of forty-eight pages, in which are set forth "*Reasons for examining and admitting it as a principle in medical science*"—that is, homœopathy. It would not particularly interest the reader were all the arguments re-published here, which are set forth by the author, as a kind of public explanation of the why and wherefore he has adopted the new system. Dr. Holt has been, we believe, a sincere, competent physician in allopathic practice; and since he has an unquestioned right, in this democratic country, of philosophizing or prescribing in the manner his conscience dictates, we wish him not only good success, but large fees also, as people appear to be satisfied, at this radical period in medicine, to pay large prices for small doses.

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*Rocking Lounge for the Sick.*—An ingeniously devised piece of furniture, which is called a Lounge, has been received in Boston from the inventor, Dr. E. B. Addison, of Owing's Mills, near Baltimore. It bears a general resemblance to a sofa, without a back. The two ends are of unequal height, but gracefully turned, scroll-like, so that as an article of chamber or library furniture, when tastefully manufactured, the appearance would be very appropriate. Such is its ingenious construction, that the invalid can rock himself with perfect ease, or the frame can readily be made immovable; and he can thus command for himself all the comforts of a bed, a cradle, chair, or simple settee. We have hardly yet had time, since its arrival, to ascertain all the properties or capabilities of this valetudinarian convenience, but we are solicitous to have the opinions of the profession and of manufacturers, and for that purpose their attention is invited. A specimen, not of the highest cost, however, is placed in the editor's study, Bowdoin street, for that purpose. Hereafter, further attention may be called to the subject.

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*National Convention of Physicians.*—The following preamble and resolution, submitted by Dr. Davis, were adopted by the New York State Medical Society, at its late meeting.

"Whereas, It is believed that a National Convention would be conducive to the elevation of the standard of medical education in the United States, and

"Whereas, There is no mode of accomplishing so desirable an object, without concert of action on the part of the medical societies, colleges, and institutions of all the States—Therefore,

"Resolved, That the New York State Medical Society earnestly recommend a National Convention of delegates from medical societies and colleges in the whole Union—to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble."

*Effects of Sedentary Occupations in the Production of Phthisis.*—The effects of sedentary employments in inducing phthisis are seen in the manufacturing town of Lille. Here the weavers, lacemakers, embroiderers, &c., die phthisical and scrofulous in great numbers. The general hospital there presents a remarkable proof of the fatal effects resulting from deficient exercise. The building is also an hospital or asylum for foundlings. The infants being received here are sent into the country, and on attaining a certain age are brought back to be educated. The girls are employed in spacious apartments at sedentary employments, the boys go out to follow different trades in the city. The latter, free to go about and with ample scope for exercise, are strong and robust; the former are pale, languid, and chlorotic. They seldom die of acute disease, but suffer from scrofulous affections and especially caries of the vertebrae. At Vienna, M. Fourcault found some mutilated mulberry trees opposite the windows of the girls' school-room in the foundling hospital there, and on inquiring the reason of their mutilation, was informed that their shade manifestly rendered the chronic affections from which the girls suffered more severe, and that since a freer evaporation and more light had been thus obtained, their health had visibly improved. As it was, a fifth of the females presented one or other form of rickets. At Marseilles, there is an asylum for orphans; in 21 years, 45 had died of pulmonary phthisis out of a total of 68 deaths.

M. Fourcault found the operatives of silk factories more liable to disease than those of cotton mills. The employment in mills generally is unhealthy in proportion as the rooms are narrow, dark and crowded, the toil prolonged, and the labor light, or rather not demanding much muscular effort. The inhalation of dust is much less injurious, he asserts, than is generally supposed. M. Fourcault quotes examples illustrative of this proposition. The contrary results are seen when the workrooms are spacious and well lighted and ventilated, as at Louviers and Elbœuf.—*British and Foreign Med. Review.*

*The Medical Profession in St. Louis.*—We have a list of the names of 146 persons who are endeavoring to obtain a livelihood by the practice of the healing art in this city, which includes the homœopaths, botanics, Thomsonians, &c. Of this number, probably 90 or 100 hold diplomas. With a population of 40,000, each would have 274 persons to attend upon, supposing the whole number to be equally divided; but when we consider the fact, that about one third of the number have a large practice, we are not surprised that a large number are unable to collect enough to pay their expenses, and the consequence is that many, after spending from one to three years, and the means which they brought to the city, leave and settle in the smaller towns in the surrounding country. Some, who are favored by circumstances, hold on, hoping that, with the rapid growth of the city, they will finally obtain a lucrative practice; others, determined to be employed, resort to whatever will obtain their ends, regardless of proper respect for themselves or their profession, by giving their professional services for little or nothing, and a constant endeavor to build themselves up by injuring the professional reputation of their colleagues. Real merit never goes long unrequited; and it is an acknowledgment of weakness, for any one to slander the whole profession because, forsooth, he has not sufficient merit to obtain a lucrative practice.



While the facilities for obtaining a medical education in St. Louis are not surpassed in any city in the West, and the city, in its rapid strides to greatness, has anything but a *sickly* appearance, it cannot rationally be supposed that its inhabitants are bound to sustain all the ambitious of the profession who prefer to practise in the West; nevertheless, they are always glad to rent their offices.—*Missouri Med. and Surg. Jour.*

**Lunacy in Scotland.**—A return has been published relating to lunatics in Scotland (moved for by Lord Ashley, M.P.) From this it appears that the gross total number of lunatics, parish paupers, and furious or fatuous persons confined in the various counties and stewartries of that country on the 1st of January, 1845, amounted to 1,694, of whom 785 males and 714 females (1,499 in all) were immured within public lunatic asylums; and 195 (92 males and 103 females) in licensed mad-houses. The number of lunatics privately confined under the provisions of the Act 9 George IV. cap. 34, at the same period, amounted to thirteen. The total number of dangerous lunatics committed by the sheriffs of Scotland, under the provisions of the Act 21 and 5 Victoria, cap. 60, has amounted, since its passing, to 155—viz., 110 males and 45 females.—*London Lancet.*

**Medical Miscellany.**—A young man died on board of a canal boat, lying at Oswego, N. Y., from taking too strong a dose of antimony, in liquor, which he was said to be using to cure himself of intemperance.—The twenty-third annual congress of German Naturalists will assemble at Nuremburg, Oct. 13th, and be in session three weeks.—Mrs. McDaniel, of Hagerstown, Md., aged 66, died of lockjaw induced by slightly wounding one finger.—A meeting of the Counsellors of the Massachusetts Medical Society will be held at the Masonic Temple, Boston, on Wednesday, Oct. 1st, at 11 o'clock in the morning.—Some very earnest people in St. Louis, Mo., appear to have taken the disease of animal magnetism the natural way. They had a meeting in the Court House, and passed some resolutions that sound prodigiously loud.—A man in the town of Broadalbin, Ohio, has such a distinct conception of the evils of modern social organization, that he fully believes there is no hope left, except through Grahamism, Thomsonism, and other isms too numerous to mention.—The suit, *Brockway vs. Shipman*, which was brought against Dr. Shipman, of Cortlandville, N. Y., for alleged mal-practice, has been withdrawn by the plaintiff, he being satisfied that an action could not be maintained.

**MARRIED.**—A. Parkhurst Ladd, M.D., U. S. Consul to the Society Islands, to Miss S. M. Buzzell, of North Weymouth, Mass.

**DIED.**—At New York, Dr. George Chapman, having been shockingly mutilated by an enraged cow, 85.—In Troy, Michigan, Dr. E. Judd, formerly a practitioner at Paris, Oneida Co., N. Y.—At the city of Washington, Dr. Geo. W. May, a native of Boston, 56.

Number of deaths in Boston, for the week ending Sept. 20, 53.—Males, 21; Females, 32. Stillborn, 8. Of consumption, 7—disease of the bowels, 11—Inflammation of the bowels, 1—hooping cough, 3—dropsy on the brain, 2—lung fever, 2—cholera infantum, 2—infantile, 2—marasmus, 2—sudden, 1—teething, 3—apoplexy, 1—debility, 4—abscess, 1—dropsy, 1—canker, 1—gravel, 1—croup, 1—Inflammation of the lungs, 2—smallpox, 1—scarlet fever, 1—typhus fever, 1—child-bed, 1—unknown, 1. Under 5 years, 33—between 5 and 20 years, 2—between 20 and 60 years, 14—over 60 years, 4.

*Health of New Orleans.*—Our city continues in the enjoyment of excellent health. We doubt whether any other, of like population, is more blessed in this respect. Intermittent and scarlet fevers are the most common diseases, but even these prevail to a very limited extent. Scarlet fever is confined chiefly to children, and certainly continues unusually late, especially when we consider the extreme warmth of the season. There have been a great many deaths from *coup de soleil*, or sunstroke; we heard of as many as eight in a single day. The Board of Health published some advice upon the subject, and recommended the public authorities and citizens generally to suspend work in the sun, for a few hours in the heat of the day. This was attended to for some time, and the result was beneficial.

This has been one of the warmest summers ever experienced in this city. The thermometer is variously reported on some of the hottest days. One of our city papers (the *Picayune*) states it to have risen as high as 98 deg. It was the same in the office of the St. Charles Exchange: and by comparison, these thermometers agreed with each other. At other places, on the same day, it was noted as only 96 deg.; whilst with our correspondent, Mr. Lillie, who is as careful as it is possible to be, the thermometer on the same day only rose to 92½ deg.

We have no yellow fever as yet, but there is still sufficient time for a dreadful visitation. There were but five cases of this disease in August of last year, and only *four deaths*. By reference to a table published in the first No. of this Journal, which shows the date of the *first* and *last* cases of yellow fever in each year, for a period extending from 1822 to 1844, at the Charity Hospital, it will be seen that whenever an extensive epidemic has prevailed, it has generally commenced earlier in the season than this. To cite a few instances:—in 1833, first case July 17th; 1837, July 13th; 1839, July 23d; 1841, August 2d; 1843, July 10th. In 1835 it commenced a little later, August 24th; but in 1829, a great deal earlier, viz., May 23d. These are the most remarkable epidemic seasons within the period stated.—*New Orleans Med. Journal for Sept.*

*Health of St. Louis.*—We have never known St. Louis more healthy at this season of the year than it is at present. The bills of mortality are nearly one third less than they were at this time last year, while our population has increased some thousands. For two or three weeks in the month of July, and for a few days in August, the weather was very hot, the thermometer ranging from 90 deg. to 94 deg. With these exceptions, the temperature has been pleasant. Throughout the season we have had frequent and refreshing rains.—*St. Louis Med. Journal, Sept.*

*Preparation of Inspissated Ox-gall.* By R. H. ALLNATT.—An open vessel, containing the contents of two or three recent gall-bladders, is to be plunged into a saucepan of boiling water, and simmered until the bile acquires sufficient consistence to be formed into pills. The addition of a small quantity of magnesia will expedite the process. The gall must be frequently stirred to prevent empyreuma, and produce a perfectly homogenous extract. Thus prepared, it is almost inodorous, intensely bitter, and will keep good for years. When required for use it should be softened by gentle heat.—*London Lancet.*

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JOHN PAGE, M. D.